

THE LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

H. A. COTTELL, M.D., Editor.

JOHN P. MORTON & CO., Publishers.

Vol. XVII.

LOUISVILLE, KY., MAY 24, 1894.

No. 439.

CONTENTS.

ORIGINAL—	PAGE.	MEDICAL SOCIETIES—	PAGE.
Two Cases of Hernia, with results of the "Heatonian Operation for Radical Cure." By Ap Morgan Vance, M. D.	321	Philadelphia Clinical Society.....	330
Poliomyelitis. By Walker Schell, M. D.	322	SELECTIONS—	
MISCELLANY—		Diabetic Neuralgia	331
Beef Peptonoids	323	Emphysema during Labor.....	331
The Connection between Eczema and an Affection Resembling Eczema of the Nipple and a Malignant Disease of the Breast	324	Biochromate of Potassium as an Antisiphillic.....	332
D. W. Vandell v. The Louisville Medical College.....	324	Pilocarpin in Puerperal Convulsions—Recovery.....	332
Determination of Sex.....	327	The Micro-organism of Acute Infectious Osteomyelitis.....	333
The Presence of Antimony in Clothing.....	327	Fatal Meningitis after Enucleation of the Eye.....	334
The "Drink" Taint.....	328	Connection of Acute Diabetes with Pancreatic Disease	334
Treatment of Burns and Scalds.....	328	Liver with Cartilaginous Nodule.....	335
Pathology and Clinical significance of Albuminuria	328	Corroding Ulcer of the Os Uteri.....	335
Digitalis in Dropsy from Heart Failure.....	328	Defective Dentition.....	335
EDITORIAL—		Erysipelas with Low Temperature	336
A Disappointed Reformer.....	329	Bacillus Tuberculosis.....	336
Prof. D. W. Vandell and The Louisville Medical College.....	329	To Prepare Corrosive Sublimate Gaurc.....	336
		Sulphate of Copper in Obstetric Practice.....	336

Established January, 1870.

THE AMERICAN PRACTITIONER,

A Sixty-four page Monthly Journal of

MEDICINE AND SURGERY.

EDITED BY

DAVID W. YANDELL, M.D., AND JOHN A. OCTERLONY, A.M., M.D.

SUBSCRIPTION, THREE DOLLARS A YEAR.

THE AMERICAN PRACTITIONER is "a journal which draws its inspiration from practitioners, by practitioners, for practitioners."

REMEMBER—When payment is made in advance we furnish The American Practitioner and the Louisville Medical News to one address for one year for FIVE DOLLARS.

Bound Volumes of the AMERICAN PRACTITIONER can be furnished from its commencement in 1870 to date. They are handsomely bound in green cloth, two volumes to the year. Price per set, (28 vols.) \$56.00, delivered at express office in this city. Price per volume, \$2.50; postage paid.

JOHN P. MORTON & CO., Publishers,
LOUISVILLE, KY.

Send for specimen copy.

TERMS, \$3.00 A YEAR IN ADVANCE, POSTAGE PAID.

ISSUED EVERY SATURDAY.

(Entered at the Post-office at Louisville, Ky as "second-class matter.")

12996

AN UNEXCELLED SALINE.

Flexner's Effervescent Sulphate Sodium.

(GLAUBER'S SALT.)

The most active and most Palatable Laxative and Purgative now before the Profession.

INDICATED WHENEVER A SALINE IS REQUIRED.

The efficacy of Glauber's Salt has long been known, and physicians will find in this preparation a perfect and efficient substitute for the many expensive nostrums so largely advertised; and a medicine adapted for general family use.

Each drachm of the Effervescent Salt is equal to one drachm Crystallized Glauber's Salt, and it is given in corresponding doses; viz. one to four drachms. It has the merits of

CONCENTRATION,

CHEAPNESS,

READY SOLUBILITY,

PALATABILITY,

CERTAINTY.

Dispensed only on the prescriptions of Medical Practitioners. For sale by retail druggists generally. Samples on application.

PREPARED BY

J. A. FLEXNER, Druggist and Chemist,

248 FIFTH AVENUE,

LOUISVILLE, KY.

SPECIALTIES: PEPTONISED MILK; KOUMYSS; McDade's Remedy for Syphilis, from Fresh drugs; Elix. Black Haw, from fresh bark; Elix. Salicylic Acid; Elix. Salicylate Sodium; Emulsion Cod Liver Oil, plain and with Hypophosphites; Fld. Ext. Corn Silk, from fresh silk, etc.

Agent for Trommer's Extract Malt, in bulk; Star Soft Capsules, in bulk. Which bulk goods are cheaper than any other form, and quality guaranteed.

The rarer drugs and alkaloids, etc., such as Naphthol, Pelletierin Tannate, Cannabin Tannate, Hyoscyamia, Homatropin, Apomorphia Muriate, Picrotoxin, Chinolin Alkaloid, and Tartrate, etc., on hand.

A complete line of Fairchild Bros. & Foster's preparations constantly on hand.

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MAY 24, 1884.

Original.

TWO CASES OF HERNIA, WITH RESULTS
OF THE "HEATONIAN OPERATION
FOR RADICAL CURE."

BY AP MORGAN VANCE, M. D.

CASE I. On March 27, 1882, E. M., a girl, aged thirteen, was referred to me by Dr. E. R. Palmer, that she might have a truss fitted for right oblique inguinal hernia. The protrusion was small and easily reduced, though causing much discomfort while out. The truss was fitted and acted well.

Thinking it a good case in which to attempt a radical cure, I advised the Heatonian operation, which was, after consultation, agreed to by the parents.

On May 10th the operation was performed, Dr. Palmer administering the chloroform. I used the Heaton syringe modified by Davenport, of Boston, an assistant of Heaton. The hernia being reduced, the needle was introduced vertically, just below the external inguinal ring, and when it was estimated that the point was on a plane with the canal the instrument was depressed and the needle carried up into the canal, or what was thought to be the canal. I say this, because I assure you that so far as this point is concerned we are compelled to play something of a chance game. When I felt as sure as circumstances permitted that the needle was in the right place, I injected ten minims of the extract quercus alba, withdrew the needle, and fitted a firm compress made of rubber adhesive plaster over the canal, this being held in position by a broad pelvic band and a perineal strap, the patient remaining in bed in the supine position.

On the fourth day she had some pain,

[°]Read before the Louisville Medico-Chirurgical Society, April 18, 1884.

VOL. XVII.—No. 21.

requiring a small dose of morphine, which was the only trouble during the allotted two weeks' confinement.

Examination, on the fifth day, showed an induration along the course of the canal, circumscribed, about size of a pecan, which was quite tender on pressure, but which disappeared gradually, so that when the fourteen days had passed, a light-spring, sponge-pad truss could be worn with comfort. This support was discontinued at the end of six months, without any inconvenience being experienced, though the girl leads a very active life.

Since the operation, up to this date, no sign of hernia has been present, nor can any evidence of weakness at the site of the hernia be discovered by most careful examination.

CASE II. L. H., aged three years. Referred to me by Dr. Scott, in June, 1883. This boy was the subject of a very large right oblique inguinal hernia, which had been treated for some time by a truss without effect, the protrusion descending whenever the child coughed or strained at stool. In fact it could not be retained at all. I advised the operation, and after some consideration the parents consented—when I injected seven minims extract quercus alba, just as in Case I, Dr. Scott having first etherized the little patient.

This child was very fat, and I am unable to say where the fluid rested. After-treatment was the same as in the first case. But this patient developed a severe attack of bronchitis about the sixth day, coughing a great deal. No descent of the hernia took place because of the firm compress and supine position, but when he was permitted to walk about at the close of two weeks, the fourth day after getting up the protrusion descended under the pad, which was made of lint and held in position by a light spring. The protrusion was not so large or so diffi-

cult of retention as before the operation. The pad was changed and the hernia retained comparatively well for six weeks, descending only when the child coughed very much or strained hard at stool.

In six weeks the operation was repeated, ten minims of the extract being injected. This time I was almost certain that the fluid went into the canal, but still not absolutely sure. The child had no intercurrent trouble, being allowed to get up in two weeks, a somewhat firmer truss with hard pad being applied, which he has worn since that time.

So far as I can ascertain by careful examination there is no sign of hernia present. The mother on two occasions thought she found it, just below the pad, but it disappeared on being touched, without the pad being raised, and I think it was the testicle lying up on pubes, which slipped back into scrotum.

The boy is very active, running and jumping at play. A few days since I examined him carefully, and discovered no impulse on coughing. The right inguinal region seems as firm as the left, and I feel very sanguine of a cure.

I give these cases for what they are worth, hoping to hear some discussion of the subject, especially as I see by the reviews of a recent work on this operation, that the procedure is being severely criticised because the good results obtained are very few. The question is, How does this injection act? Is it, as claimed by its originator, simply an astringent effect on the tendinous structures about the pillars of the ring? or the result of adhesive inflammation? Or may the suggestion which I offer be true, that it may be by neither of these methods, but that the good result is attained by the perfect trussing kept up after the operation, and more particularly the rest given the parts during the two weeks' confinement on the back, with compression over the canal, thus giving nature a chance to do her healing work. I believe that any hernia will be greatly benefited by a prolonged rest of the patient in such position that the protrusion will not present at the internal ring or come into the canal; especially would this be the case with children.

There are, I think, cases recorded where patients the subjects of hernia, having been confined for some weeks in supine positions, found on getting up that a cure of the hernia had occurred spontaneously.

LOUISVILLE, KY.

POLIOMYELITIS.

WALKER SCHELL, M. D.

Ina, May E., aged four years, was brought to my office on the 13th of March, 1884. Her general health appeared good, and the mother told me that she had been in excellent health for some time. There are slight marks of rachitis on her skeleton at the junction of the ribs and costal cartilages, and also at the epiphyses of long bones. Her teeth are also bad, and much worn.

The right lower limb is the one affected. Its appearance is characteristic. It is rotated outward, and the foot is at an angle of forty-five degrees to the line of progression. The toes are flexed, and the foot is extended so that in walking the toes drag and the limb is thrown outward and drawn after the sound one.

There is marked atrophy of the muscles of the right limb. The right leg is six inches in its greatest circumference, and the middle of the right thigh seven inches in circumference, and the left leg is eight inches in its greatest circumference, and the middle of the left thigh ten inches in circumference.

The right leg is apparently longer than the left; but this is due to the fact that the right side of the pelvis is lower than the left, as I found that the left limb was one fourth of an inch longer than the right. The left foot was also the larger.

With this marked atrophy the child walked with comparative facility, although her movements were somewhat awkward and hindered. The gluteal muscles and external rotators had partially escaped atrophy. The fundus oculi was normal. The knee and foot reflexes were almost extinct. Sensations were transmitted with little retardation. Hyperesthesia was present over the anterior and lower part of the thigh. Sensations of heat and cold were apparently normally transmitted. The surface temperature of the right limb was ninety-five degrees Fahrenheit. I have seen cases where the difference was as much as eight degrees Fahrenheit between the two extremities.

The patient was first attacked in June, 1882, when she was about two and a half years of age. Shortly before the patient was seized with this disease, her ears became affected and she had a discharge from them. This was probably due to an otitis media, as there is a perforation of the membrani tympani (dextra) in its anterior and lower segment. The child also had a conjunctivitis

and an herpetic eruption on its skin about the same time, so that it was quite evidently scrofulous. There is no evidence that either mother or father have had a specific disease.

On a Friday night in June, 1882, the child had fever, and on the next day (Saturday) the mother noticed that the child was lame. On the following Monday the child was taken to the family doctor and the diagnosis of "hip-joint disease" was made. He ordered cold baths, the application of blisters, and advised friction and poultices in addition to internal medication, the nature of which I could not learn. It is needless to say she did not improve under such treatment.

After four or five months the doctor either concluded he had made an error of diagnosis or in treatment, and gave the patient's mother a battery. It was used in a very faulty manner, still the patient began immediately to improve. The battery was used till the middle of January, 1883, when the mother became frightened at some real or imaginary symptoms of the child, and left it off permanently.

In September, 1883, the mother took the child to a doctor in Chicago, who failed to make a diagnosis, and did not give her any proper advice. He gave her for internal use the following prescription:

R Potass. iod., gr. viij;
Syrupi sarsap. c., ʒ ij.
M. et fiat sol. Sig: A teaspoonful three times a day.

and

R Ung. ox. zinci, ʒ ss;
Acidi carbol., grs. ij.
M. et ft. ung. Apply as directed.

The last was for some form of skin eruption.

This case derives its chief interest from the inexcusable delay in diagnosis and treatment. It demonstrates the value of electricity, even when applied late, in these cases.

I remember to have seen, when I was a student in the *Universität zu München*, a case where, in consequence of the great atrophy of the muscles of both inferior extremities from poliomyelitis, the patient had been for nearly seventeen years unable to walk without crutches, and only with great difficulty with them, yet under the influence of the constant current of electricity and thorough massage there was such great improvement that the crutches were laid aside and the muscles developed considerably.

It is difficult to say early in the history of

these cases how much improvement is due to the spontaneous tendency to recover and how much is to be attributed to our treatment. After many months have elapsed, however, and no improvement has taken place, and if, when brought under appropriate treatment, these cases begin steadily to improve under the weak constant current, massage, and systematic gymnastics, I think we may justly attribute the improvement to our treatment. I remember to have seen several cases which leave in my mind no doubt of the truth of my statement.

So far as my limited experience goes, mechanical orthopedic treatment is only of value where there is great deformity. In most cases it is positively harmful. The traces of the disease are seldom or never completely obliterated, yet I am firmly convinced that treatment is often of great value. My advice, in the case I am now reporting, was the weak constant current

SPENCER, INDIANA.

Miscellany.

BEEF PEPTONIDS.—Prof. John Attfield, of London, in his report of a recent analysis of this preparation says:

The manufacturers of "Beef Peptonoids" state that this food is composed of dry lean of beef, one third; the solids of milk, minus most of the fat, one third; the gluten of wheat, one third; the beef being partially digested or "peptonized." My analysis fully supports this statement, for I find present between sixty-nine and seventy per cent of albuminoids, that is, flesh-forming material (nitrogen 10.94); more than twenty per cent of warmth-producing substance, nearly half of which is milk-sugar, and rather more than half fat; three per cent of bone-forming phosphates; about two per cent of other normal mineral matter, and about five per cent of moisture.

It is by far the most nutritious and concentrated food I have ever met with—indeed, a palatable and assimilable and in every way acceptable article of food, containing nearly seventy per cent of truly nutritive nitrogenous material partially peptonized; has never before, to my knowledge, been offered to the medical profession or to the public.

Dr. Stutzer, Director of the Imperial Agricultural Chemical Laboratory for Rhenish Prussia, Bonn, Germany, says:

The exceptionally high nutritive value of this preparation is due to the great quantity of digestible albuminoids present. If compared with other foods in the market, the result would be as follows:

Beef Peptonoids, nitrogenous nutritive matter,	70.29
Caviar,	26.00
Beef,	20.00

Fowl,	nitrogenous nutritive matter,	18.00
Mutton, " " "	" " "	18.00
Eggs, " " "	" " "	13.00
Bread, " " "	" " "	8.00
Milk, " " "	" " "	4.00
Liebig's Ex. Meat, " " "	" " "	5.00
Potatoes, " " "	" " "	1.00

The flavor and odor of the preparation are exceedingly pleasant, and surpass any other preparation of meat with which I am acquainted: The results of my analyses are such as to enable me to pronounce beef peptonoids to be a *most valuable* and *easily digested* nitrogenous food for invalids and convalescents. I extend to it my fullest in-dorsement.

The following, from the eminent Prof. Bell, is but one of many clinical observations showing results which attest the statements of the chemists as to the richness of the compound in highly nutritive and readily assimilable food:

Among the many claimants to a distinguished rank in the remedial measures I do not know any entitled to a higher rank than the preparation made by Reed & Carnrick, which they call beef peptonoids. For disorders of appetite, for derangements of digestion and debilitated conditions of the stomach, not dependent upon organic disease, I do not know its equal. I have used it in many bad cases of disorder of the stomach, and in no instance has it disappointed me. It constitutes food already digested; consequently it imposes no labor on the stomach. I easily call to memory a case in which there was an utter loathing of food, and a deplorable insomnia. Five teaspoonfuls of the beef peptones were taken every two hours. It was given alone, and in the course of three days every bad symptom disappeared, and the patient was speedily restored to a very hopeful convalescence and has continued to improve. The case was my own, and to it I am indebted for recovery. I commend this article to my brother practitioners in cases similar to the one I have described, and I know of many similar cases in which the relief was speedy and well marked and well sustained.

In addition to the very valuable powdered beef-peptonoids prepared by Reed & Carnrick, they make two liquid beef-peptonoids that are invaluable, which I have used with marked benefit. Indeed I do not know how I could have reached a secure convalescence without their aid. One of the liquid preparations is concentrated beef and milk with gluten perfectly digested. The other liquid is concentrated beef and milk with gluten perfectly digested, in combination with pyrophosphate of iron with best sherry wine. From this field of power, the intelligent practitioner can make his selection, under the full assurance that excellent results will attend his selection. If there is much flatulence, thirty grains of sulpho-carbols of sodium, taken after eating, will be found of great service.

T. S. BELL, M. D.

THE CONNECTION BETWEEN ECZEMA AND AN AFFECTION RESEMBLING ECZEMA OF THE NIPPLE AND A MALIGNANT DISEASE OF THE BREAST.—Dr. Walter F. Atlee, in

the American Journal of the Medical Sciences, calls attention to the diagnosis of Paget's disease of the nipple, and claims that Nélaton described the affection some twenty years prior to the appearance of Sir James Paget's paper on the subject.

D. W. YANDELL v. THE LOUISVILLE MEDICAL COLLEGE.—The following verdict appeared as a supplement in the May issue of the American Practitioner:

SECOND CONVICTION

BEFORE THE BAR OF PROFESSIONAL OPINION.

DR. DAVID W. YANDELL

AGAINST

THE LOUISVILLE MEDICAL COLLEGE.

Prosecution for
Shameful
and
Unprofessional
Conduct.

THE VERDICT OF THE MEDICAL PROFESSION.

SPECIAL FINDINGS in the case as given in representative journals of American Medicine, from Boston to San Francisco, from Detroit to New Orleans, and from North Carolina to Texas, concerning the character and practices of the Louisville Medical College, pronouncing thus:

1. "Character that would disgrace any respectable school." "Scandalous conduct." "Disgraceful practices."
2. "Practices that would degrade a lightning-rod peddler."
3. "Shocking prostitution."
4. "No board of health can consistently RECOGNIZE THEIR DIPLOMA."
5. "Degrading and disgraceful practices." "Degrading both the teachers and the students." "The thanks of the profession are due Dr. Yandell for the performance of this unpleasant duty."
6. "Flagrant violation of propriety." "Infamous, and can not be too severely denounced."
7. "The profession of Louisville and of Kentucky owe it to themselves as well as to the profession abroad to take immediate steps to suppress or abolish it." "This blot upon our educational institutions."

THE UNANIMOUS VERDICT: GUILTY.

LOUISVILLE MEDICAL COLLEGE.—The Louisville Medical College is a most irregular regular school. The means taken by it to get students are no better than the tricks of Buchanan. Its graduates are refused licenses by several Examining Boards, and will be refused by all as soon as the character of the school shall have been fully exposed.—*Pacific Medical and Surgical Journal*.

The February issue of the American Practitioner contains an article by Dr. David W. Yandell, to

which those who are interested in maintaining any professional or educational medical standard in this country are particularly referred. The practice there exposed, if truthfully reported—and we see no reason to doubt it—makes, at this distance, very unpleasant reading, and in Louisville itself can hardly result otherwise than in degrading both the teachers and the students directly concerned in them.—*Boston Medical and Surgical Journal*.

Dr. David W. Vandell, in a supplement to the Practitioner, makes a reply to the circular and newspaper article recently issued by the Louisville Medical College. It makes a bad showing for the latter institution. Still, it seemed to us that the faculty circular and newspaper article more certainly condemn the Louisville Medical College than even this paper of Vandell.—*Detroit Lancet*.

Dr. Vandell no doubt has inflicted heavy damage on the school by the convincing and detailed *exposé* which he makes of certain irregular and even disgraceful practices which were apparently indulged in by the "College" men in order to secure large patronage.—*N. O. Medical and Surgical Journal*.

We had not suspected such shocking prostitution of the powers of a college as has been shown by Dr. D. W. Vandell to have been practiced by the Louisville Medical College. Dr. Vandell deserves the thanks of the profession for taking such a fearless stand against these gross abuses.—*N. C. Medical Journal*.

We had looked to see the Louisville Medical College, whose honor and future welfare, and, indeed, whose existence are all involved in these grave charges, and which depend upon their successful refutation, at once enter a prompt denial, or, at least, a quick repudiation of their author, and to at once sever his connection with their school. Indeed, it seems to us that there was no other course open to them, if they would save the honor and integrity of their school. The profession of medicine throughout the United States was at first shocked, surprised, and then indignant. They have waited with "bated breath" the issue, indulging still the hope that it may not be so bad as painted. But, instead of a denial or a disclaimer, or any repudiation of the author of those letters, the officers of the school have sent out a unique circular, a kind of nondescript document, folded in the Louisville Courier (a secular paper), which begs the entire question. If it is any thing, it is a *tacit acknowledgement* of the authorship of the letters, and a faint attempt at *vindication* of the course on the ground that *other schools had cut under on the established rates!* In this circular the writer attempts to divert attention from themselves by a feeble effort at ridicule of the Faculty of the University. It is a shameful subterfuge, and without point. It is the most spiteful yet impotent production we have ever seen emanating from so respectable a source. There is in it an attempt to ridicule a certain distinguished dermatologist, who is supposed to be the leading spirit in the recent exposition of the "ways which are dark and tricks that are vain," as exemplified by those famous (or shall we say infamous?) letters. These gentlemen will find that the disease of which they are accused is more than *skin deep*, and the surgeon, not the dermatologist, must deal with it; and that Dr.

Rauch, who has officiated in that capacity more than once, and has lopped off several diseased members, will be called upon to amputate the Louisville limb from the corporate body of medical colleges. This will be the inevitable fate of the college unless they can make a better defense than they have done in this weak circular. It must be. The profession and the people will demand it. They will arise in their wrath and demand the revokal of their charter; for if such practices, which should bring the hot blood of shame to the flinty cheek of a Buchanan, be not rebuked, frowned down, repudiated, spurned with contempt, for by such not only is disgrace brought upon themselves, but upon the whole of the present generation, and upon the very fair name of Medicine—and the perpetrators should be made to feel the contempt and just indignation of an outraged constituency.

We wish it were otherwise, but really there appears to us no way by which the Louisville Medical College can escape conviction on these grave charges; and conviction means death to their career as a medical school, for surely no board of health can consistently, hereafter, recognize their diploma unless they can disprove the whole affair; an impossibility, apparently. We must say we admire the calm, dignified, and gentlemanly manner in which Professor Vandell handles the subject; the patience he has shown under great provocation; the fact that he, while skinning the school as a corporation, is considerate to a fault of the gentlemen composing the faculty. He says he is "dealing with measures, not men."—*The Texas Courier-Record of Medicine*.

Practices which would degrade a lightning-rod peddler, or a runner for the bath-houses and quacks of Hot Springs.—*Alienist and Neurologist*, St. Louis.

The Louisville Medical College has relapsed into its old tricks. This school—which must not be confounded with the University of Louisville—was convicted some years since of drumming up students by means of so-called beneficiary scholarships. After a thorough exposure the college promised to give up the reprehensible practice, and as an evidence of reformation joined the Association of Medical Colleges. But it appears that under the guise of virtue it has continued its career of prostitution. A recent issue of the American Practitioner contains a supplement by Dr. David W. Vandell, of Louisville, in which he again convicts the before-mentioned institution of its former scandalous conduct. The evidence produced by Dr. Vandell is so convincing as to leave no doubt that the individual members of the Faculty of the Louisville Medical College have been writing to medical students in various States, soliciting them to attend that school, and offering tuition at a greatly reduced rate under the very thin disguise of beneficiary scholarships. The letters published by Dr. Vandell—and he states he has more of them from the same sources—are of a character which would disgrace any respectable school; they are filled with vainglorious boasts, puffs of the Louisville concern, and insinuations as to the worthlessness of rival colleges. It is to be hoped that this *exposé* will be effective in either suppressing the Louisville Medical College, or forcing it to alter its course.—*The Weekly Medical Review*, Chicago and St. Louis.

The Louisville Medical College, both by official and private letters, has been proven to have offered great reductions in fees to prospective students, as well as to have used decidedly irregular methods of securing students. These charges seem to have been substantiated beyond question, and from the reply filed by the defendant we are still more convinced of the truth of the charges. There are some denials which are virtual confessions, and this seems to be one of that class. The Louisville Medical College, instead of denying and proving that the offensive letters were not indited by its officers and faculty, rather turn their attention to a personal skirmish with Prof. D. W. Vandell, who is the self-constituted champion of the University. The Louisville Medical College also endeavors to lay the charges to a mere jealousy on the part of its opponent, in that the former has the larger classes. If the charges as made against the Louisville Medical College are true, it is censurable in the highest degree. If so, the medical profession and students of the country are deeply indebted to Professor Vandell for the exposure of such infamous practices. If not so, the Louisville Medical College should prove their falsity and cease the personal warfare which it is waging at present. No one is more injured by personal journalism than the author thereof, and malicious flings at a spotless character but redound to the benefit of the person assailed.—*St. Joseph Medical Herald*.

This practice of giving large discounts off the published fees is infamous and can not be too severely denounced. It is an encouraging sign to see the general condemnation which the Louisville Medical College is having meted out to it.—*The Medical Age*.

The Medical Herald, of Louisville, Ky., has passed into the control of the Louisville Medical College. This is the college whose contemptible bidding for students was exposed by Dr. Reeves, of West Virginia, in his address at Detroit. In its mud-flinging at rivals and laudation of its own school, this journal, under the new regime, indicates that its mistress is no better than she has been painted. Louisville is to be pitied.—*Columbus Medical Journal*.

For some months past, we have been receiving circulars and newspapers containing most disparaging comments on the Faculty of the University of Louisville, apparently emanating from parties connected with the Louisville Medical College. On the other hand, our attention has been recently called to a supplementary paper in the February number of the American Practitioner, written by Dr. D. W. Vandell, Professor of Surgery and of Clinical Surgery in the University of Louisville, in which he shows most clearly that from the Faculty of the Louisville Medical College has come the numerous letters to students in all parts of the country directly soliciting their attendance in that institution at half the published rate of charges, under the pretense of issuing "beneficiary scholarships," etc., some of which have attracted the attention and been commented upon by the Secretaries of the West Virginia and Illinois State Boards of Health. The letters, given in full by Dr. Vandell, with names and dates, are sufficient to show that the Louisville Medical College during the last year has been reviving the disgrace-

ful practices so freely indulged in former years, by what was known as the double-head Louisville-Kentucky School of Medicine. How men of education, and sometimes of rare talents, can allow themselves to pursue policies and indulge in practices, in the name of a medical college, which they would instinctively shrink from as disgraceful in their individual professional capacity is a mystery to us.—*Journal of the American Medical Association*.

Documents are published showing that this institution began last summer systematically to canvass for students, offering to many a reduction in the advertised price of tuition. Such practices are certainly not reputable, and in the end must hurt the reputation and standing of the college which indulges in them. Institutions for medical instruction which have to beg and underbid for students, or lobby for free scholarships, have survived their usefulness. We can only urge it upon the medical profession that they lend countenance and support only to such institutions as show themselves conscious of the dignity of the profession and of the deep responsibilities that fall upon medical teachers at the present time.—*The Medical Record*.

The exposé by Dr. David W. Vandell, in the February issue of the American Practitioner, of the recent proceedings of the Louisville Medical College is, to say the least, humiliating to those who had commenced to hope that the profession in America was becoming more elevated in tone as it was growing in intelligence. Judging from the practices of some of the professors of this "foremost school in the country," before and after their connection with it, it would seem that association with some medical colleges, at least, is as demoralizing as horse-trading. We have ourselves seen one of the letters offering to take students on the so-called "beneficiary" reduction-rate basis which have been published by Dr. Vandell. It was sent to a student of medicine, and offered largely reduced rates, and urged the claims of the Louisville Medical College and of Louisville, "the medical center of the South and West, the healthiest large city in America; beyond the reach of yellow fever," etc. We sincerely trust that some efficient remedy for such degrading and disgraceful practices, "hurtful to the best interests of medical teaching, medical men, and medical students," shall be speedily discovered. Till then, the best that can be done is to expose such practices to public gaze and public scorn, and the thanks of the profession are due Dr. Vandell for the fearless performance of this unpleasant duty.—*Medical News*, Philadelphia.

While we do not share the alarm with which many look upon the increase of the medical body, it can not be questioned that to stimulate this increase, and especially by devices which are in themselves debasing, should be opposed with all the force at the command of the profession. From this point of view, it seems to us, medical men all over the country should feel under obligations to Dr. David W. Vandell, of Louisville, for his vigorous denunciation of the practice of soliciting the young men to become students of medicine as beneficiaries. The beneficiary system is open, we think, to very grave objections at best. The practice of medicine is getting to be more and more a calling in which something beyond nat-

ural aptitude and reasonable educational qualification is needed to make the prospect of material success at all inviting—in one form or another capital is growing to be an element in the conditions that conduce to success. To lure young men, then, into a career in which they will almost necessarily find themselves handicapped from the start is what this solicitation of beneficiary students amounts to. From the statements made in Dr. Vandell's article (a signed supplement to the February number of the *American Practitioner*), the conclusion seems unavoidable that at least one of our colleges is in the habit of exceeding the utmost stretch of decency in the matter of beneficiaries. The devices resorted to, as given by Dr. Vandell, in the form of letters from various members of the Faculty to young men of whose intention of studying medicine they seem to have become aware casually, if not as the result of something quite akin to the emigrant-runner's modes of canvassing, we do not hesitate to say are nothing short of disgraceful. Fortunately, so flagrant a violation of propriety will undoubtedly work its own cure—whether to the confusion of the offending college or to a change in its policy, is a question of small moment.—*New York Medical Journal*.

Prof. Hooper, ex-Vice-President of the American Medical Association, President of the Medical Department of Arkansas Industrial University, writes:

The evidence you have given in your paper about the flagrant conduct of the Louisville Medical College has been known to the profession in Kentucky and abroad for a long time, and why the thing has not been boldly denounced by the medical men of your State is a mystery to many of our friends. Why does your State Medical Society remain so silent over such a crying evil? If such a concern as that is represented to be had an existence in Arkansas, the profession throughout the State would rise up as one man in denunciation and disapprobation of such unblushing and infamous conduct. If the charges that have been made about that institution are true (and I have seen nothing to controvert them), the profession of Louisville and of Kentucky owe it to themselves, as well as to the profession abroad, to take immediate steps to suppress or abolish it. This unpleasant duty of exposing, for the purpose of suppressing such nuisances or abuses, should not be allowed to devolve on one man or a certain number of men, but the whole profession in the localities where these things abound should unite for the common good in an earnest effort to wipe out or efface this blot upon our educational institutions.

P. O. HOOPER.

LITTLE ROCK, ARK.

W. F. Westmoreland, M. D., Professor of Surgery in Atlanta Medical College, Dean of the Faculty, former Editor of *Atlanta Medical Journal*, writes:

Dr. D. W. Vandell:

I have just read your article showing up your world-renowned canvassers. We know something of the Louisville Medical College down this way. Our secretary received a number of letters last fall from students to whom they were sent. Just

which Professor or Assistant has this State, I do not now recollect; but from the number sent us by students in Alabama, Georgia, and South Carolina, I should judge that the Professor or Assistant or whoever was "delegated" this territory did his duty well. I asked our secretary to send them to you.

And the Louisville Medical College has in good earnest returned to her dirty and disgusting tricks. They must throw off the cloak of respectability and go "whole hog" into money-making by diploma vending

W. F. WESTMORELAND.

ATLANTA, GA., March, 1884.

The Medical Association of Alabama, at its meeting in April, struck the Louisville Medical College off the list of **REPUTABLE MEDICAL COLLEGES**.

DETERMINATION OF SEX.—A correspondent of the *Lancet*, signing himself Sigma, makes the following curious observation:

There can be no doubt that females, both of man and other animals, having only one ovary are capable of producing both male and female offspring, but it is very doubtful whether the female ever produces any other than a female germ. It is highly probable that the male furnishes the male germ and the female the female germ. This is rendered likely by the consideration of the impossibility of the female providing from her own economy the male peculiarities and the male supplying the female characteristics, especially in those animals in which the masculine and feminine differences are well marked. The female supplies probably germs like herself, but provided with a fund of nourishment, while the male furnishes germs with ciliae or locomotive apparatus for enabling them to make their way to the female production. When once combined they resemble what is so general in vegetation and early forms of animal life, an organism composed of male and female elements. The termination of the sex is the result of the survival of the fittest, the most fit ultimately obtaining the complete mastery, but not to the entire exclusion of the weaker elements. The above considerations have an important practical bearing on the question of the determination of sex.

THE PRESENCE OF ANTIMONY IN CLOTHING.—The *Centralblatt für Textil Industrie* records the fact that antimony is to be found in cotton yarn which has been dyed with aniline colors, and remarks that unless great care has been taken in the cleansing of the yarn, it is possible for such a quantity to remain as to be injurious to the skin. Ex-

periments made on different classes of yarn produced results varying according to the nature of the dyeing substance. The samples in which hot water acted as a dissolvent showed only a small proportion of antimony, the highest proportion found being 0.014 per cent. The proportions of antimony which were soluble in muriatic acid varied from 0.036 to 0.31 per cent of the weight of the yarn. Of course, practically speaking, only the portion soluble in water comes under consideration, but as a pair of long cotton stockings weighs about two to two and a half ounces, the antimony would represent an appreciable though minute quantity, the effect of which is a question, it is remarked, for medical experts to decide.

THE "DRINK" TAIN.—It can not be questioned that the craving for alcoholic stimulants may, like every other appetite, inclination, or propensity, be transmitted. This follows upon the fact that all that is mental or moral in man is based upon and rises out of his organic constitution. If certain educated or conformed brain-cells are reproduced in obedience to the law which makes every living thing bring forth seed "in its kind," it is a necessity that the child shall in its morals, as well as physically, resemble its parent, and that it should physically consist of the combined result of its two lines of parentage. This is the physiological argument for the reformation of criminals and drunkards. If we desire to improve the race, we must cut off the line of the incurably bad, and repress the evil as well as cultivate the good in those who are allowed to procreate. —*Lancet*.

TREATMENT OF BURNS AND SCALDS.—C. F. Naismith, L.R.C.P., Edin., writes, in the *Lancet*: Having had considerable experience in the treatment of burns and scalds among engineers, firemen, and children, I send you a simple and, as all the sufferers have maintained, efficacious method of cure. At first I used the soda solution, followed by carron oil, but soon abandoned them as unsatisfactory. The former owes its reputation to the cold water, and not to any soothing property in the soda. My invariable practice, however extensive the scald, has been to place the injured member in ice-cold water, keeping it there till all pain has disappeared—say in from two to four hours, or even longer. The water heats rapidly, and must be kept cold either by ice or constantly renewing. As long as the scalded part is kept

under the water (provided it is cold enough) no pain is complained of, and symptoms of shock are much lessened. When the limb will bear removal from the water without pain, I lay on thickly lead acetate and resin ointment (one dram to one ounce), and envelop in cotton wadding. I have used this ointment also in erysipelas with the best results, all symptoms of inflammation rapidly disappearing. Should severe suppuration occur, instead of the lead acetate a few drops of creasote may be added to the resin ointment, as recommended by Dr. Druitt. By this treatment pain and shock are reduced to a minimum, opiates are seldom required, and danger to life is greatly averted.

PATHOLOGY AND CLINICAL SIGNIFICANCE OF ALBUMINURIA.—Before the Glasgow Pathological and Clinical Society, March 11th, Dr. Middleton, Glasgow (*Lancet*), recorded his experience of the occurrence of albuminuria in the continued fevers, as observed while resident in a fever hospital some years ago. The conclusions he arrived at were, that albuminuria occurs in over eighty-five per cent of the cases of enteric and typhus; that it occurs early in both fevers, from about the end of the first week onward, lasting generally till convalescence is thoroughly established; that abundance of albumen indicates a severe case, but severe cases are not necessarily associated with abundance of albumen; that tube-casts, hyaline, epithelial, granular, and bloody, are frequently present, and when abundant indicate a severe case, especially in enteric; and that albuminuria is probably more common in the febrile stage of typhus and enteric than in that stage of scarlet fever.

DIGITALIS IN DROPSY FROM HEART FAILURE.—In the *Canada Medical and Surgical Journal* for January, 1884, Dr. Ross reports two cases of dropsy from heart failure, which show, in an unmistakable manner, the value of digitalis in the treatment. In one of the cases the patient was relieved on three different occasions from impending danger by timely doses of tincture of digitalis, in from five- to ten-minim doses. In the other case, one dram of the infusion of digitalis, combined with fifteen grains of bitartrate of potash and ten minims of spirits of chloroform, were administered with excellent results. The infusion of digitalis, freshly prepared, is preferred by many to any other form in such cases as the above mentioned. —*Canada Lancet*.

The Louisville Medical News.

Vol. XVII. SATURDAY, MAY 24, 1884. No. 21

H. A. COTTELL, M. D., - - - - - Editor.

A Journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price \$3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editor is not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the Editor of THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,

440 to 446 West Main Street, Louisville, Ky.

A DISAPPOINTED REFORMER.

A ridiculous incident jarred upon the harmony of the closing exercises at the last general session of the American Medical Association. The president elect, having been conducted to the chair, was formally introduced by the retiring President. The Galen of American medicine, grown old in years and in honors, had just said perhaps the last word he would ever say before the Association, and Dr. Campbell, bearing his newly acquired honors modestly, had just poured out of his full heart words strong and fit. The emotions of the audience were at high-tide, the balm of good fellowship had soothed whatever irritation of spirit might have survived the heat of previous controversy, and every man was ready to leave the assembly in good humor with himself and all mankind, when a member popped up with a resolution which stated that, "as many members of the Association were infidels, free-thinkers, etc., the custom of opening the sessions of the annual meeting with prayer was an imposition, and that therefore it be abolished."

"I move that the resolution be laid on the table," promptly shouted a delegate. The vote was put and passed without a dissenting voice. "Let us pray," would at this jun-

ture have been most appropriate, but no one seems to have had the courage to propose or make the prayer. It is probable that the author of this episode went home from Washington reflecting that, "though fallen on evil days and evil tongues," he was not, like the old blind poet, "an age too late," but rather an age too early for the carrying out of his great schemes of reform; that his ardor had been dampened and his aspirations flattened under the weight of a body of priest-ridden and creed-pinched fanatics, who sat down upon the resolution and sent the resolver back to his fellow reformers with but "joyless triumphs of his hoped success."

We must admit that the prospects for reform in this direction are not very promising, and that possibly for some years to come the reformer and his fellow "infidels, free-thinkers," etc., will have to face a gloomy alternative: Either they must hear a prayer once in twelve months or miss the privilege of presence at the opening of each annual meeting of the Association.

PROF. D. W. YANDELL AND THE LOUISVILLE MEDICAL COLLEGE.

The Medical News was the first periodical that called public attention to the extraordinary efforts of the "Louisville Medical College" to gather medical students by a lavish use of the so-called "beneficiary system," and it seems right and proper that we shall record the verdict of the medical public on the subject. This verdict is in response to the remarkable paper of Professor David W. Yandell on the questions at issue.

We know of nothing in Professor Yandell's long professional career that has done him more credit. He managed his case skillfully, tastefully, and very creditably. There was not a harsh expression in the whole of his rejoinder. He stood entirely aloof from all such methods. His rejoinder reminded us of the beautiful response made by Pelletier to the grumblings of old man Sequin,

who growled because Pelletier had succeeded in making sulphate of quinine, in which Sequin, after much labor, had failed. Pelletier showed that he was not only an able chemist, but possessed all the graces of a gentleman. Another similar case was that shown in the controversy between the accomplished Scott Alison and the erudite John Hughes Bennet upon the subject of blood-letting in pneumonia. Neither of these renowned men had any reason to be ashamed of his work. When Professor D. W. Yandell stands as a worthy companion with such men as Pelletier, Scott Alison, and John Hughes Bennet, he has full reason to be proud of his position. He has commanded the approval of his medical brethren throughout the Union. He worked in the very spirit so beautifully portrayed by Addison:

"'Tis not in mortals to command success,
But we'll do more, Sempronius; we'll deserve it."

We submit in its fullness this comprehensive, clear, unmistakable verdict. It fully sustains Professor David W. Yandell in the course he took in this important feature of medical integrity and honor.

Medical Societies.

PHILADELPHIA CLINICAL SOCIETY.

Stated meeting April 25, 1884. The President, Dr. Henry Beates, jr. in the chair. Dr. Hannah T. Croasdale reported a case of

Vesico-Vaginal Fistula with Inverted Bladder. The record which is brought to your notice this evening is that of a case which is, perhaps, of more than ordinary interest from two circumstances: first, from the enormous size of the opening in the septum, and secondly from the fact that from the orifice a bright round body protruded, which was discovered to be the bladder inverted.

The patient, Mrs. F., aged forty-seven, was admitted to the Woman's Hospital Oct. 11, 1881. She was married at the age of twenty-five, and had one child, still-born. The labor was instrumental, and incontinence of urine occurred soon after it, thirty

years ago. For this trouble and great discomfort the woman never sought relief, and speaks only of her present suffering having begun one year before admission. This suffering had been so intense that she had been obliged to keep her bed for that length of time. The journey from her home had been made on a bed. Her appearance was deplorable. She had constant pain in the lower part of the abdomen, bowels were constipated, appetite poor, face anxious, and she was constantly distressed lest the bed or her clothing be moved and thereby her suffering be increased. It seemed almost hopeless to expect to do any thing for the poor woman's relief, so disturbed was her health from her desperate condition.

Nausea and vomiting were almost constantly present. Her pulse on the day following that of her admission was 65, temperature 99°, and respiration 26. The quantity of urine in twenty-four hours could not be ascertained. The color was pale yellow, sp. gr. 1.002, reaction alkaline, and there was a trace of albumen.

After ineffectual attempts she was finally etherized and thoroughly examined October 29th. The tumor which was so exquisitely sensitive was the inverted bladder, and the exposed mucous membrane was greatly inflamed and bled readily on being touched. The openings into both ureters could be distinctly seen. The mass was grasped and by gentle taxis was reduced, and retained by the slight support afforded by one of Skene's glass stylets made to pass through the urethra with the distal extremity resting upon the upper edge of the fistulous opening. A vaginal glass plug was introduced into the vagina to aid in supporting the bladder. The inflamed condition of the parts forbade any further procedure at this time.

On the 30th of November she was again etherized and placed in the lithotomy position, and the edge of the fistula, which was about five centimeters in diameter, was carefully pared, beveled from the vesical margin, giving a broad surface on the vaginal septum, and twelve sutures of silver wire introduced. It was necessary before closing the fistula to liberate adhesive bands at either angle, and then the margins of the opening were closed by the sutures and secured by perforated shot. A self-retaining catheter was introduced, to which was attached a piece of rubber tubing for conveying the urine to the urinal. The patient

was then placed in bed and one sixth grain morph. sulph. given hypodermatically, and was ordered lime-water and milk every two hours.

The following day, December 2d, there was much vesical tenesmus, which gradually subsided, and nothing especially worthy of note occurred until December 7th, when the sutures were removed. Union was not perfect at either angle, and in the center there was a small orifice which admitted the passage of urine.

January 6th the patient was again etherized, the edges of the three minute openings freshened, and five silver-wire sutures introduced. The central and right openings promptly closed after this second operation, but the left, just at the site of the ureter, admitted the passage of a Snelling's probe.

Then, January 20th, February 3d, and March 28th I operated, hoping to close this minute orifice which still remained, and which still allowed of the passage of urine when the bladder was filled. Not one of these efforts was followed by any better success. These attempts were always made with a probe carried through the urethra into the opening in the ureter in order to prevent wounding or closing the latter.

It was now thought best to send the patient home and encourage her coming again in the autumn, as her stay had already been much prolonged beyond the usual time for keeping patients in the hospital, and she was discharged May 8, 1882, quite content on her part with the results of the many operations, six in all. After several months, however, the urine ceased to pass through this opening, probably from the contraction of cicatricial tissue.

I find many contributions to the surgical literature for the relief of vesico-vaginal fistula, but nowhere have I found any record of a case of an inverted bladder through the fistulous orifice.

Selections.

DIABETIC NEURALGIA.—The symptoms of this form of neuralgia, which M. Cornillon (*Revue de Médecine*) would have us to accept as a distinct malady, are much as follows: The onset is sudden, the patient being seized either during the night or on waking with the pain, which may be continuous, may be boring, lancinating, or

lightning-like, and is liable to paroxysmal exacerbations. It does not usually come on till the disease is well established. The early morning, the evening, and just after meals are the favorite times for an attack. The pain may be in the muscles and bones, as well as in the nerves. Pressure along the course of the nerves usually exaggerates the suffering. A very marked feature of the affection is its symmetry, which tends to be very exact, though it generally appears on one side first. Of course every neuralgia occurring in a diabetic is not necessarily to be regarded as having a causal relationship with the glycosuria; the points on which we should lay stress in diagnosis being the spontaneous character of the pain, its extreme severity, its abiding nature, and its symmetry. As to the pathogeny of the affection, M. Cornillon considers that the available evidence points to some close association between it and the uric acid diathesis, a connection supported by the fact that, as in gouty neuralgia, the sciatic nerve is the favorite seat of the disease. He believes that the central nervous system (spinal cord) is at fault, but what the exact lesion is he does not surmise. Strict attention to diet and alkalies generally suffice to effect a cure.—*Medical Times*.

EMPHYSEMA DURING LABOR.—J. S. Benson, M. R. C. S. C., reports the following remarkable case in the *Canada Lancet* for April: On the 26th of February I was summoned to attend Mrs. D., aged twenty-one, in her first confinement. On arriving, I found the pains recurring about every fifteen minutes and expulsive in character. The os was the size of a dollar and head presenting in the first position. Labor progressed favorably during the subsequent hour and a half, when I observed my patient's face very much swollen, the swelling appearing suddenly. The child's head at this time, twenty minutes before delivery, was forcing my hand on the perineum and required my undivided attention. I merely ordered the neck-band of the night-dress loosened, and immediately after the child was born I examined the patient and found the following condition: The swelling extended from the anterior border of the trapezius muscle on one side to the same position on the opposite, causing the neck to be nearly even with the chin, and vertically from both malar bones downward to a level with the third or fourth ribs. The skin was normal in appearance, swallowing and

breathing were performed with ease, the patient was cheerful and exceptionally well in every respect. On applying my fingers to the swelling, I could feel the peculiar crackling sensation characteristic of emphysema. In fact the patient could distinctly hear it when moving her jaws. This crackling sensation could be distinctly felt over the entire surface of the swelling, but more especially evident in front of the neck, on both sides of the larynx and trachea. I left the case entirely to nature, ordering no special treatment.

On the 27th I visited my patient and found her in about the same state. She had slept well all night, had an excellent appetite, and was very comfortable; the swelling had slightly diminished. This is the first time, in an obstetric experience of nearly two thousand cases, that I had seen a case of the kind. There is no doubt that the air became extravasated into the cellular tissue during the straining of the patient in order to assist nature, although the straining did not appear more than usual, in fact not nearly so severe as I have seen.

I think the case is of sufficient importance to enable us to see in it another danger of advising patients to strain and hold their breath in order to accelerate delivery, a custom very commonly adopted by midwives and nurses, and one that can not be too strongly condemned. In all ordinary cases nature asks for all necessary aid by causing involuntary muscular action, rendering voluntary action not only unnecessary but dangerous.

DR. CLEMENT GODSON, at a late meeting of the Medical Society of London (Lancet), read a paper on the Retroversion of the Gravid Uterus, in which he reviewed the early literature on the subject. He pointed out that it had been referred to by *Ætius Adimenus* in 1535, and by various writers in the eighteenth century. He dwelt especially on the classical paper of Dr. William Hunter, read before the Medical Society in 1770. Dr. Godson stated that the primary cause of the condition was the occurrence of pregnancy in a uterus prolapsed and retroverted in a capacious pelvis with a narrow brim. The signs and symptoms which were of special diagnostic importance were thoroughly considered. He related a case of extra-uterine fetation which had been mistaken for retroversion of the gravid uterus. The several proposals for treatment which had been suggested were men-

tioned, and Dr. Godson strongly recommended that the uterus should not be left to rectify itself, but that immediate reposition should be attempted. The means to be used to carry out this treatment were given in detail. Polyuria following the original distension of the bladder was illustrated by the notes of a case, and two specimens of mucous membrane of the bladder exfoliated after cystitis were shown. The author concluded by pointing out that where death occurred it was almost invariably from exhaustion associated with blood poisoning, or from urinemia, and not from peritonitis.

BICHROMATE OF POTASS. AS AN ANTISYPHILITIC has for partisan in Saxony Dr. Güntz, and in France Prof. Vulpian. The former employs it in solution charged with carbonic gas, as follows:

Bichromate of potass., $\frac{2}{3}$ gr.;
Nitrate of potass., 2 grs.;
Nitrate of soda, 2 grs.;
Chloride of sodium, 4 grs.;
Water charged with gas, $\frac{3}{4}$ xx.

M. Vulpian also recommends it in dyspepsia depending on a catarrhal affection of the stomach simulating carcinoma of that organ. He prefers it in the form of pills:

Bichromate of potass., 1 gr.;
Extract of valerian, 10 grs.

Divide into five pills. One, two, or three in a day.

It will be remembered that it was Prof. Vulpian who attended the late Count de Chambord, and having recognized the disease as catarrh of the stomach, prescribed these pills, but, it must be added, with little result. — *Medical Press*.

PILOCARPINE IN PUERPERAL CONVULSIONS—RECOVERY.—Ridley Dale, M. D., M. R. C. S., reports the following in the *Medical Press*:

On February 27, 1884, I was called to Mrs. D., who had engaged me to attend her in her second confinement, which she expected to take place at the end of March. She was twenty-two, and had with her previous child a normal pregnancy and labor. On my arrival at 6 P. M., I found her writhing in convulsions, the convulsive seizures occurring in series of three with intervals of a quarter of an hour. She was sensible between the attacks, but appeared in a dazed condition. On vaginal examination, the uterus was found much retroflexed and retroverted, with the os so high above the pubes that it could only be reached with

the finger with great difficulty. I sent at once for my friend, Dr. Murphy, and put the patient under the influence of chloroform, which stopped the fits. On Dr. Murphy's arrival, he coincided with me as to the nature of the case. I passed a catheter and drew off half an ounce of urine, which on testing was found to be free from albumen. We then gave a hypodermic injection of pilocarpine, and, as this did not cause much sweating, repeated it. As the urine drawn off was all the woman had passed that day, we considered the uterus was making injurious pressure on the kidneys and their vessels, and resolved to relieve this pressure by inducing labor. While I was maintaining anesthesia Dr. Murphy dilated the hard and rigid cervix with his finger, drawing it down more on the axis of the pelvis. He then introduced a medium sized Barnes' bag (Sim's modification), and after an interval replaced this with a larger one. As she had no pains, a dose of ergot was given. Dr. Murphy then turned by the bipolar method and brought down a foot; the pains having now commenced, we resolved to wait a little to allow the cervix to fully dilate in the hope of getting a living child; but, unfortunately the funis became prolapsed, and delivery had to be at once effected. This Dr. Murphy readily accomplished by drawing on the foot, and a living female child was born. The placenta was expressed and another dose of ergot given, as the patient having now been six hours under chloroform we feared that there might be some hemorrhage. Twenty grains of chloral was injected per rectum, and she was ordered to take a mixture containing chloral and jaborandi. Mrs. D. had no more convulsions until the next morning at 10 o'clock, when they occurred as before; the pulse was rapid and wiry, the breath urinous; she was unconscious, and the urine drawn off by a catheter less than half an ounce and contained one sixteenth of albumen. We then administered another hypodermic injection of pilocarpine, which in five minutes caused a profuse perspiration and made the pulse slower and softer, cupped the loins, and gave croton oil (five minims) by the mouth, and inhalation of nitrite of amyl. She, about five minutes after this, had one fit, which was stopped by inhalations of chloroform. Ordered linseed poultices to the loins every four hours.

Remarks: It appears clearly from the history of this case, that the cause of the convulsions was the pressure on the kidneys of

the displaced uterus, giving rise to partial suppression of urine with uremic symptoms. It was clearly necessary to restore the uterus to its proper position by inducing premature labor, to stop the convulsions and to get the kidneys to resume their work. The administration of chloroform checked the fits, but as the suppression still continued they returned; thus this was a valuable adjunct, but nothing more. The nitrite of amyl did not appear to have any effect at all. I attribute the recovery of the patient to the hypodermic injections of pilocarpine. The use of pilocarpine in puerperal convulsions has been highly recommended by Dr. Murphy. It caused here copious perspiration in five minutes, thus rapidly relieving the kidneys, and slackened the heart's beat and lessened the tension of the arteries. Oxytotic properties have been attributed to pilocarpine, but in this case it did not cause any pains, so ergot had to be given. Pilocarpine is also supposed to increase the secretion of milk, and from this case, this appears to be true, for the breasts were quite flaccid up to the fifth day and then secreted plentifully.

[The case was under observation till March 10th, when the patient was considered as well. There were no convulsions after February 28th, and no albumen in the urine after the 29th. On these days pilocarpine was given as before. Milk and barley-water diet, with a mixture of liq. ammon. acetatis, spts. etheris nit., poultices to the abdomen and a powder of calomel and jalap, followed by muriated tincture of iron, constituted the subsequent treatment.]

THE MICRO-ORGANISM OF ACUTE INFECTIOUS OSTEOMYELITIS. — Dr. Becker has made, in the laboratory of the Berlin Imperial Sanitary Office, a series of important experiments on the micro-organisms discovered by Schüller and Rosenbach. He collected pus from five cases of acute osteomyelitis in which the abscesses had not been opened, and cultivated the micrococci contained in it on sterilized potatoes, coagulated serum, and gelatine-peptone. In the latter case, the pus was introduced by means of needles into the mass, which was then kept at the temperature of the room during three to five days. After that time, the puncture made by the needles assumed the appearance of white streaks, around which the gelatine liquefied gradually and took an orange color. After a few days more the mass gave out a smell like sour paste, and the

microscope revealed the presence of large numbers of micrococci, having the same appearance as those found in the pus. A small quantity of the mass was mixed with sterilized water and injected into the peritoneal cavity of some animals; they died in a very short time of acute peritonitis. The same fluid injected into the jugular vein caused acute septicemia and death; but nothing abnormal was found in the bones in either case. Dr. Becker then injected a small quantity of the same fluid into the jugular vein of fifteen rabbits, after having, some days before, fractured or bruised the bone of one of their hind legs. On the day after the injection, weakness and loss of appetite were noticed; but after a short time the symptoms passed away, and the animals seemed to have recovered. At the end of the first week, however, a swelling formed at the seat of the bruise or fracture, the animals lost flesh, and died after a few days. On dissection, large abscesses were found around and in the bones, and in several cases metastatic abscesses had formed in the lungs and kidneys. Numerous colonies of micrococci were discovered in the blood and pus of the animals upon which the experiments were made.—*British Med. Jour.*

FATAL MENINGITIS AFTER ENUCLEATION OF THE EYE.—Mr. Arthur Benson showed the brain, and read the notes of a case of meningitis which had occurred in a girl aged seventeen, after enucleation of a shrunken eyeball, the result of a second purulent inflammation excited in an old blind staphylomatous eye. Headache, vomiting, etc., began on the day after the operation. On the fourth day a bright erysipelatous-like blush occurred on the eyelids, nose, and both cheeks; it disappeared in thirty-six hours. There was no discharge from the socket of the eye which had been removed; but on the day that the red blush was first seen, there was slight secondary hemorrhage from the wound. Death by coma occurred on the eighth day, and the necropsy confirmed the diagnosis of purulent meningitis, the whole surface of the pia mater being covered with lymph and pus. A summary of nine other cases, of all of which the author could find records, was given; and, of the nine, only two were known to have occurred after enucleation of the eyeball in a state of purulent panophthalmitis, while four were known not to have been purulent, and in three the condition of the eye was not stated. Mr. P. S. Abra-

ham had made sections of the optic nerve and surrounding tissue, taken at a distance of about one cubic centimeter from the foramen. The nerve was profoundly altered. The space which the interfibrillar prolongations inclosed was occupied by a continuous granular material freely interspersed with nuclei. The connective tissue of the framework was itself filled with proliferating cells, massed together in some places. The sheath of the nerve was thickened, and toward the outer boundary the fibrous bundles were separated by spaces containing numerous small cells and nuclei; and, further out still, these were sufficiently abundant to be looked upon as purulent deposits. Some of the sections were treated with methyl-blue, and by this means he thought he could detect micro-organisms among the pus cells and between the fibrous bundles. A complete examination, however, had not yet been made. Sections of the kidneys showed marked hyperemia, the vessels being largely distended with blood, and bulged in places. No extravasations had been seen. The urinary tubules were quite occluded by the swollen and granular epithelial cells, which had lost their marginal boundary or contour. The ureters were studded with collections of inflammatory cell-growth.—*British Medical Journal.*

CONNECTION OF ACUTE DIABETES WITH PANCREATIC DISEASE.—Dr. Duffey, before the Academy of Medicine in Ireland (*British Medical Journal*), reported a case of diabetes occurring in a farm-laborer, aged twenty-four, the duration of which, from the first recognition of the characteristic symptoms of the disease until his death, was two months. There was a sudden onset of abdominal pain, vomiting, and diarrhea, a week before death, the mode of which was, as is usual in acute cases, by coma. Nothing remarkable was observed by the naked eye at the post-mortem examination, with the exception of the condition of the pancreas. This gland was hypertrophied, and felt extremely indurated, the hardness being due (as the microscopic sections made by Mr. Abraham showed) to carcinomatous infiltration. It was well known and remarkable that a diseased state of the pancreas should so frequently be found associated with diabetes. In these cases the pancreas seemed to be more frequently atrophied than hypertrophied. In acute forms of the disease there might not be sufficient time before the death for the atrophic change, which gen-

erally followed the primary inflammatory enlargement of the gland, to occur. There were, on the other hand, numerous records to show that the pancreas might be diseased apart from any glycosuria. At the same time there was evidence to show a connection between certain morbid lesions of the pancreas and diabetes constituting a particular type of that disease. He discussed the views of Klebs and Lauder Brunton in explanation of the assumed co-existence, and referred briefly to the subject of carcinoma of the pancreas.

LIVER WITH CARTILAGINOUS NODULE.—Mr. H. Lockwood, in *Medical Press*, says: The patient, aged fifty-nine, was admitted into the hospital under the care of Dr. Dyson, on October 11, 1883. He had enjoyed good health up to two months ago, when he became rapidly swollen, and experienced great difficulty of breathing. On admittance there was great edema of the legs and abdomen, but not of the upper extremity. There was increased cardiac dullness, and a very well-marked aortic regurgitant murmur. His arteries were very atheromatous. The abdomen was tense and fluctuating. The patient gradually became worse, and died two months after admission. On a post-mortem examination his heart was found to be very much hypertrophied, and the valves and aortic arch atheromatous, but there was no evidences of considerable valvular mischief. On the under surfaces of the right lobe of the liver a hard nodular tumor was found imbedded in a cavity lined by a capsule. The outside of the tumor was hard, and on making a puncture a caseous material exuded. On section, the walls were found very dense and hard, and the tumor presented the appearance of a cystic tumor in which calcareous change had taken place in the walls and caseous degeneration in the contents.

CORRODING ULCER OF THE OS UTERI.—Dr. Williams, before the Obstetrical Society of London, March 5, 1884, referred to the rarity of the disease, to the almost entire absence of any description of it in the systematic treatises on the diseases of women, and to the fact that its existence had been denied by some observers. The disease had been mistaken for cancer, and cancer had probably been mistaken for it. The histories of two cases, which had been under the author's observation for varying periods of time—one for two years and the

other for about ten years—were narrated, and the post-mortem appearances, together with the microscopic characters of the ulcer in one instance were described. The differences between corroding ulcer, both clinical and anatomical, were pointed out, and the views of Sir Charles Clark, that the disease was distinct from cancer, upheld. The disease began at the os uteri and extended along the vagina, involving the walls of that tissue in a symmetrical manner. Its progress was slow, and two of the author's patients died of their disease, while the third, who had been under observation for ten years, was still living. It was not associated necessarily with loss of flesh, and the pain and discharge were different from those usually met with in cancer of the uterus, and the edges of the ulcer were not hard and thickened. The mode of progress of the ulcer was in one case by means of reddish raised tubercles, which became ulcerated; in another, by slow ulceration, without any preceding change in the tissue about to be invaded, except some redness. The mucous surface to the edge of the ulcer appeared perfectly healthy. Microscopic examination showed this last observation to have been accurate, for the ulcer—its base and borders—presented no appearance except that of granulation tissue. The case in which the disease presented the characters of lupus was still living. In the second case, which died, and which presented the microscopic appearances mentioned, the ulcer appeared to be the result of a slow gangrene arising from calcification of the internal iliac arteries and their branches.—*Medical Times*.

DEFECTIVE DENTITION.—Mr. W. Hern (Odontological Society of Great Britain) showed models of three cases of defective dentition. The first, a boy, age seven, had only four teeth (molars) in the lower jaw, the alveolar ridge in front of these being narrow, and giving no evidence of the presence of any tooth germs. In the upper jaw he had six teeth, four molars and two conical teeth in the incisor region. Both the parents had their full complement of teeth, and so had a younger brother. In the other two cases, the canines were present as well as the molars, but the lateral incisors were absent, and the central small and ill-developed. Here, again, the parents had good teeth, and a younger brother had the proper number. Mr. Hern referred to some similar cases

brought before the Society by Mr. Moon a few years ago, in which it was noticed that the elder children had defective dentition, while that of the younger children in the same families was normal.

ERYSIPELAS WITH LOW TEMPERATURE.—At the Medical Society on Monday last, Dr. Cavafy read a paper on some cases of facial erysipelas with low temperature. The question raised was as to the real nature of such cases. Could an inflammatory process exist without elevation of temperature, especially a specific inflammatory process? Dr. Cavafy referred to the varieties of erysipelas, as indicated by the various names it had acquired, and argued from these that the disease varied greatly, both in intensity and extent, much as all other diseases might do without in any way losing their specific characteristics. He rightly pointed out, that every precaution should be adopted, as regards isolation, even in cases which appeared quite simple, and apparently free from infective tendencies. Dr. Finlay next read a paper on a case of opium-poisoning. The patient had accidentally swallowed a sedative draught prepared for a horse, which contained laudanum to the equivalent of about seventeen and a half grains of solid opium. When taken to the Middlesex Hospital, the full effects of opium were manifest, and other treatment having failed, and the patient being nearly moribund, atropia in solution was injected subcutaneously; an improvement became at once manifest, and maintained itself. "About one thirtieth of a grain was used altogether. The patient quickly recovered."—*Medical Times*.

BACILLUS TUBERCULOSIS.—At a meeting of the Leeds West Riding Medical Society, March 3d (*British Medical Journal*), Dr. Barrs read a paper on this subject, and invited discussion on the communicability of phthisis. After passing in review the observations of Villemin, Wilson Fox, Marcet, Koch, Spina, Tappeiner, Schottelin, Weichselbaum, and many others, he stated his belief that the constant presence of the bacillus tuberculosis in all tubercular lesions in man and in animals, including the ordinary form of pulmonary phthisis, had been sufficiently affirmed to warrant the definition of tubercle by the presence of the organism. In dealing with the evidence of contagion from the clinical side, Dr. Barrs criticised freely the cases recorded by

Villemin, Dr. Hermann Weber, and also those published by the Collective Investigation Committee, and stated his strong opinion that, as published, the cases could not in any sense be taken as evidence of direct infection from man to man. Although the experimental evidence clearly demonstrated the possibility of infection under certain conditions, Dr. Barrs was strongly of opinion that such conditions were not at present established among us, and were not in any way likely to be so.

TO PREPARE CORROSIVE SUBLIMATE GAUZE. In the New York Hospital corrosive sublimate is used almost exclusively as an antiseptic upon gauze or jute. The sublimated gauze is prepared by immersing the bleached material in a solution as follows: corrosive sublimate, 20 parts; water, 4,480 parts; glycerine, 500 parts, for twelve hours; then wringing out, and allowing to dry, as far as the glycerine will permit. At the time of operation a sublimate solution (1 in 1000) is allowed to trickle slowly but nearly continuously over the incision. Bleeding vessels are tied with sublimated catgut. No impervious protective is used over the dressings, as, by retaining the moisture of the dressings and the sweat, it is thought to act too much as a poultice. Metallic instruments must be immersed in a five-per-cent carbolic solution, as the bichloride will form an amalgam with them. In the New York Hospital, not only is the part to be operated upon washed with soap and water, but also with turpentine and alcohol, two ounces to the pint.—*British Medical Journal*.

SULPHATE OF COPPER IN OBSTETRIC PRACTICE.—At the Académie de Médecine, M. Charpentier read a paper on "Sulphate of Copper in Obstetrics," and deduced the following conclusions: (1) Sulphate of copper is an antiseptic of the first order, and renders signal service to obstetricians. (2) It is cheap, and easily used by the most inexperienced hands. (3) Of complete innocuity, whether employed under the form of intra-vaginal injection or intra-uterine. (4) That sulphate of copper, from its astringent properties, could advantageously replace perchloride of iron. (5) The solution employed should be a one-per-cent. (6) The solution at this strength might be continued eight or ten days without producing more than a diminution of temperature and a fall in the pulse. Lastly, surgeons would do well to try this antiseptic.—*Medical Press*.